

EDGMONT TOWNSHIP ROOFING APPLICATION

1000 Gradyville Road, Newtown Square, PA 19073
(P) 610-459-1662 (F) 610-459-3760 www.edgmont.org

Please Read:

- This symbol - * - indicates that the information is **REQUIRED**.
- If the applicant is not the property owner, the property owner's signature is required. NO EXCEPTIONS. A copy of a contract **will not** be taken in lieu of this requirement.
- No work may begin until the roofing permit has been issued.
- No roofing permit will be released unless all contractors are registered in the Township.
- Ice barrier underlayment is required on all roofs where conditioned space is provided.

General Information:

*Location of work (street, city, zip code)

*Name of Contractor

*Email Address

*HIC #

*Contractor's address (street, city, zip code)

*Phone Number

*Name of property owner

*Email Address

*Phone Number

* How many existing layers of roof? _____

* Removing old roof Yes No

* How many squares of shingles will be used? _____
(required for structures other than single family residential dwellings)

Cost of Job: \$ _____

Building Permit Fee: _____

Certificate of Use and Occupancy Fee: _____

Uniform Construction Code Fee: _____

Total Permit Fee: \$ _____

I declare, under the penalties of perjury, that this application (including any accompanying documents) has been examined by me, and to the best of my knowledge, is a true, correct, and complete application. This application will be reviewed against the Edgmont Township Code and Township policies ONLY; additional approvals may be required (e.g. approval from Homeowners Associations, etc.). I have reviewed and agree to comply with the Edgmont Township Code. The acceptance of this permit requires me as the applicant, property owner or both to have a final inspection to close out the permit properly and obtain a final Certificate of Use and Occupancy.

*Signature of property owner

*Date

*Signature of contractor

*Date